



File No.: LATTA.002C3

April 29, 2005

Page 1 of 2

Please Direct All Correspondence to Customer Number 20995

AMENDMENT / RESPONSE TRANSMITTAL

Applicant : Latta, Paul P.
App. No : 10/660,924
Filed : September 12, 2003
For : PREVENTION OF DIABETES
THROUGH INDUCTION OF
IMMUNOLOGICAL TOLERANCE
Examiner : Belyavski, Michail A.
Art Unit : 1644

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

April 29, 2005

(Date)

Marina L. Gorday, Reg. No. 52,950

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Amendment and Response to Office Action in 11 pages.
- (X) Appendix 1 "Non-Obese Diabetic (NOD) Mouse BAC Library" in 1 page.
- (X) Appendix 2 "Development of new strategies to prevent type 1 diabetes: the role of animal models" in 18 pages.
- (X) Second Declaration of David Scharp, M.D. under 37 C.F.R. §1.132 in 8 pages with Exhibit A in 32 pages.
- (X) Miscellaneous communication in 1 page.
- (X) A copy of an IDS, filed March 3, 2004;
- (X) A copy of a PTO-Form 1449 send with an Office Action, dated December 16, 2004.
- (X) Copies of 30 articles previously cited in March 3, 2004 IDS.
- (X) Supplemental IDS; PTO/SB/08 Equivalent; 7 enclosed references.

05/03/2005 HTECKLU1 00000006 10660924

225.00 OP

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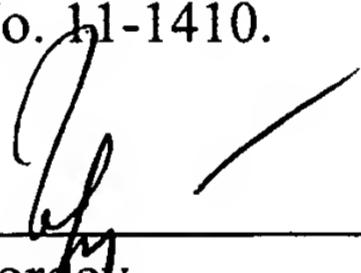
The fee has been calculated as shown below:

The present application qualifies for Small Entity Status under 37 CFR 1.27.

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Excess Claims > 20	8 - 20 = 0	2202 (\$25)	0 x 25 =	\$0
Independent > 3	1 - 3 = 0	2201 (\$100)	0 x 100 =	\$0
Multiple Claim	1.16(j)	2203 (\$180)		\$0
1 Month Extension	1.17(a)(1)	2251 (\$60)		\$
2 Month Extension	1.17(a)(2)	2252 (\$225)		\$225
3 Month Extension	1.17(a)(3)	2253 (\$510)		\$
				TOTAL FEE DUE
				\$225

(X) An extension of time is hereby requested by payment of the appropriate fee indicated above.

(X) A check in the amount of \$225 is enclosed.
(X) Return prepaid postcard.
(X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.


Marina L. Gordey
Registration No. 52,950
Agent of Record
Customer No. 20,995
(805) 547-5580